


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L97633**

1. Entity Name  
**TAMIR TRADING INC.**



Principal Place of Business      Mailing Address

182 N. INDUSTRIAL LOOP      P.O. BOX 2819  
 LA BELLE FL 33935      LABELLE FL 33935  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

65-0222421      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSALES, EDUARDO OCTAVIO**  
**182 N. INDUSTRIAL LOOP**  
**LA BELLE FL 33975**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, Typed or Printed Name of Registered Agent and Title, if applicable      NOTE: Registered Agent's signature required when not using a      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSALES, EDUARDO OCTAVIO	
STREET ADDRESS	4641 SE 1ST AVE	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ROGERS, DIANE	
STREET ADDRESS	4641 SE 1ST AVE	
CITY - ST - ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000848516	
CITY - ST - ZIP	03/20/08-80020-019 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eduardo Rosales      March 3rd 08 863675 4955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #